

RI Department of Health

Application and Instructions for Food Business:



Food Service (Non-Profit)

Applicant Name (Name of Business)

Previous Business Name & License Number (If Any) at this address

OFFICE USE ONLY

| | Initials | Date |
|-----------------------------|----------|------|
| Risk Type | | |
| Approved by F.O. Supervisor | | |
| Profile Entered By | | |
| License ID# | | |
| Receipt No. | | |
| License No. | | |

INSTRUCTIONS

- Registration shall be based upon **Satisfactory Compliance** with all applicable laws and regulations.
- Registration forms must be either typed or legibly printed using a ball point pen, except signatures, which must be written in ink. Please answer all questions. Do not leave blanks. Incomplete applications will be returned to you and your license/permit will not be issued.
- You must attach 501(c)(3) with this application.
- Mail to: Office of Food Protection, 3 Capitol Hill, Room 203, Providence, RI 02908-5097. Please do not hand deliver this form to the Department of Health.
- If you have any questions concerning this application, call the Department of Health, Office of Food Protection at (401) 222-2749.
- Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.

Please complete the section(s) below.

Note to Applicants submitting plans:

Plan Review

RIGL 23-1-31. Approval of construction by director. – A plan review fee for new establishments, and for establishments where the cost of renovation exceeds 50 percent (50%) of the value of the establishment, shall be charged. The plan review fee for these establishments shall equal the annual cost of the license/registration.

☐ A plan review fee of \$_____ is included with this application.

I have enclosed a separate check/money order payable to "General Treasurer, State of Rhode Island".

Please check and indicate the type of operation by choosing **one** only.

☐ Bar, Lounge, Tavern

☐ Fast Food Service

☐ Luncheonette, Snack Bar, Fountain

☐ School (Commissary)

☐ Scoop Ice Cream/Novelties(no manufacturing)

☐ Take-Out Only

☐ Nursing Home

☐ Churches/Clubs/Bazaars

☐ Cafeteria, Buffet Service

☐ Full Service Restaurant

☐ School (Satellite)

☐ School (In-Feed)

☐ Temporary Event

☐ Hospital

☐ Assisted Living Facility

☐ Other (describe) _____



State of Rhode Island and Providence Plantations

Department of Health Office of Food Protection

Facility Name:

Please provide the name of the facility (as known to the public) for which you are applying for this license.

Name: _____

Facility Contact Person:

Please provide the name and telephone number of a person we can contact concerning this facility.

Name: _____

Phone Number:

(_____) _____

Facility Mailing Information:

Please provide the mailing information for all communication regarding this license.

(Not published on HEALTH website).

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City, State, ZipCode _____

Country (only if not in US) _____

Phone: _____

Fax: _____

Email Address: _____

Facility Location Information:

Please provide the location information for this facility.

(Published on HEALTH website)

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City, State, ZipCode _____

Country (only if not in US) _____

Phone: _____

Fax: _____

Email Address: _____

Ownership Type :

Please check ONE

☐ Corporation

☐ Limited Liability Company

☐ Governmental Entity

☐ Sole Proprietorship

☐ Partnership

☐ Limited Partnership

☐ Partner

Ownership Information:

Please provide the ownership information for the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity.

LIST ONE ONLY - DO NOT SEND ATTACHMENTS

Name: _____

DBA (Doing Business As): _____

| | |
|--|---|
| Ownership Address Information: Please provide the address and telephone number(s) of the Sole Proprietorship, Partnership, Limited Partnership, Corporation, Limited Liability Company or Governmental Entity. | Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ City, State, Zipcode _____ Phone: _____ Fax: _____ Email Address: _____ |
| Water Supply: | Does this establishment receive all or a portion of its water supply from an on-site well? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sewage System: | Is this establishment serviced by a private sewage system (e.g. septic system)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employees: Please indicate the number and types of employees. | Number of food handling employees: _____ Number of non-food handling employees: _____ |
| Certified Food Safety Managers: If you need additional space, please submit under separate cover. | Does this facility have a certified food safety manager? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate name and license numbers below. Name: _____ FMC #: _____ |
| Chain Information: | Is this facility part of a chain operation? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Affidavit of Applicant Read, sign, and date this affidavit. | <div style="text-align: center;">AFFIDAVIT AND SIGNATURE</div> <p>I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this License in the State of Rhode Island.</p> <p>I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>_____ Signature of Authorized Person</p> <p>_____ Printed Name of Authorized Person</p> <p>_____ Title of Authorized Person</p> </div> <div style="width: 35%; text-align: center;"> <p>_____ Date of Signature (MM/DD/YY)</p> </div> </div> |